LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IX. LOUISVILLE, JUNE 19, 1880. No. 25.

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EDITORS.

IT is gratifying to see that at last John Buchanan, the hoary old diploma-monger of Philadelphia, has been trapped, and is likely to give several of his declining days to the service of the penitentiary. But he is a grand old villain, and has managed to make many escapes from the law and to grow rich on his nefarious trade, although it was carried on seemingly as plain as noonday. This is the best catch, however, that the police have yet made of him, for they have gobbled the ancient scoundrel right in the midst of his dies and plates and the seals of the many bogus universities whose "dean" he was. He was arrested on the 10th of this month, and, according to the New York Herald, his papers were taken with him, and "they reveal not his secrets alone, but those of a number of wretches who were doing business with him." We shall look with interest for several names in this connection.

Buchanan was held in bond for ten thousand dollars for the diploma offense, and afterward was rearrested upon a criminal charge, and the police magistrate held him for two thousand dollars more. He is quite rich enough, it appears, to provide for the bail, and may after all jump the country and the law.

The Buchanan episode will never cease to be among the most curious in the history of medicine. It is curious, among other things, that he could have carried on his trade in the city of Philadelphia in spite of the municipal and state authorities, and the aid of the general government is at length brought in to bag him. It is curious that the medical journals of Philadelphia could not or would not give their brethren in the country the status of the men who were said to be coöperating with Buchanan. One of these seemingly—a man by the name of Polk—who is always caught when Buchanan is caught, keeps company with respectable physicians, and denies that he is the same man.

It is a sad commentary on the status of medicine that there are men enough eager to buy the bogus merchandise offered by Buchanan, and we fear that the difference between that which passes for real in the lower grades was not so sharply marked as it might have been. And above all it is melancholy to think that when a matter similar to this was up before the American Medical Association a few years since—that body having been asked to name the reputable or regular schools of medicine in this country—it was too weak-kneed to reply.

It would n't be so bad, all this, if there was n't the continual prating about the "dignity" of medicine, and all that sort of thing, when the fact is that among those who are in the best position to defend these are to be found the biggest cowards of them all.

DURING the session of the American Medical Association the New York Med. Record got out daily editions giving abstracts of the society's proceedings. These were admirably executed, and are more interesting than *verbatim* reports. The enterprise of the Record is greatly to be commended. Dr. Shrady was made president of the Journal Association—a big honor well deserved.

Original.

JAMAICA DOGWOOD.

BY COLEMAN ROGERS, M. D.

The literature devoted to this new candidate for professional favor is as yet too meager for us to base upon it any positive deductions as to its value as a therapeutic agent. The few facts already gathered lend color to the idea that at some future day Jamaica dogwood, if it can not altogether replace the preparations of opium, may cause their use to become less common. There is not now, nor probably will there ever be, any complete succedaneum to opium. For the relief of anguish and suffering incident to acute and chronic disease, for the atrocious pains and aches to which human flesh is heir, opiates in some form or other, with all their drawbacks, have been in the past, and will always be, the physician's sheet-anchor. Cases will continually arise in which all other agents of the so-called hypnotic class must yield the palm to opium. It is not to be denied, however, that the resort to opium is much too common. Aside from a fear of its disagreeable after-effects, the cautious physician should always be upon his guard against patients contracting the opium-habit, which late statistics show to be largely upon the increase. In any case that will permit of it, something that will in some measure take the place of opium should always be preferred.

Not long since I was in attendance upon a young woman then in the seventh month of her first pregnancy. There seemed to be in her case strong indications of premature labor, which in no way yielded to large and frequently-repeated doses of chloral and the bromides. The labor-pains yielded promptly to opiate enemata. She ceased to have trouble on that score, but some time afterward she began to pass restless and sleepless nights, awaking in the morning jaded and unrefreshed, and passing miserably through the ensuing days. These symptoms were not due to pain or distress of any kind. It was a case of insomnia, pure and simple. For this condition of things chloral and the bromides in large doses were called into requisition without the least favorable effect. Resort was again had to opiates. While under their effect she slept at night, but awoke in the morning feeling utterly miserable, under the influence as she was, and as she continued to be during the day, of all the disagreeable effects of the drug. The nausea, constipation, thirst, loss of appetite, etc. got to be so unendurable that she preferred the restless nights to being thus harassed by opium. At this juncture I determined to put her upon the fluid extract of Jamaica dogwood, as prepared and offered by Messrs. Parke, Davis & Co., of Detroit. The effect was simply magical. Under dram doses of this agent repeated once or twice during the night she began to sleep quietly, awaking in the morning refreshed and comfortable, without a single untoward symptom. There was an absence of nausea, thirst, constipation, etc. and altogether she was wonderfully improved. At the present writing she is well and in splendid spirits, resorting occasionally to the dogwood extract, with a continuance of its good effects and an entire absence of any that are bad. In one or two other cases of insomnia I have made use of the dogwood extract with the same good result. It is true that so few a number of cases as those I have reported afford no substantial or positive proof as to the merits of a drug. They only give presumptive evidence as to its good effects, and induce us to give it further trial.

As remarked before, it is too common a practice with physicians to make use of opium upon slight provocation. It is too dangerous a drug in its immediate and ulterior effects thus to be tampered with. In minor ailments—in the lesser degrees of pain—there are other agents much less fraught with harm, such as chloral, the bromides, and other nervines. Such is the place to which we would assign the fluid extract of dogwood with great confidence as to its good results.

For pure insomnia—for restlessness at night not connected with the pain and anguish incident to organic disease, but existing as a symptom by itself and of itself—opium should never be prescribed. It is in just such cases that the opium habit is contracted. Arising, as these cases of insomnia do, from controllable causes, it is better to temporize with them than by one means beget a habit which is really a perpetual torment and a living death. Insomnia as an independent symptom is one of the inevitable consequences of the age in which we live. It is the unrest of physical and mental worry and overwork. What hygiene can not altogether accomplish can be assisted by agents of the milder nervine and anodyne class. We have high hopes that in the latter the extract of dogwood will in the future

hold a prominent place. Whether it will prove to be a pure hypnotic in the sense that opium is, remains to be seen. If it should happen that it possesses the good effects of opium minus its bad ones, medical art has indeed a precious agent in dogwood. The cases I have reported above seem to give us some grounds to hope that this has at length been found.

LOUISVILLE.

REMOVAL OF THE PAROTID GLAND.

TAKEN FROM THE NOTES OF DR. M. KEMPF BY E. KEMPF, M. D.

Mrs. K., aged fifty-five years, consulted me in 1858 concerning a swelling in the upper angle of the neck, extending from the mastoid process to about two inches below the ramus of the lower jaw, anteriorly from the ear to about two inches of the angle of the mouth, the bulk of the tumor being that of a small orange. Its situation and its deep connections, which I ascertained by a careful examination, inclined me to think that it was a diseased parotid gland.

I informed the patient of the danger that was connected with an operation for the removal of the tumor. Nevertheless, as the patient suffered considerable pain from the diseased parotid gland, and as it interfered considerably with mastication, she concluded to run the risk of the dangers of the proposed operation.

Mrs. K. having been put under the influence of chloroform, I made a crucial incision directly over the swelling amply large to give me free access to the deep-seated structures of this part of the neck, should I be so unfortunate as to wound some of the large arteries. Having dissected off the integument, I carefully loosened the tumor from its deep connections, commencing first anteriorly—that is, about two inches from the angle of the mouth—dissecting with my finger, handle of the scalpel, and now and then touching structures, which would not yield either to the finger or handle of the scalpel, with the edge of the knife. Having thus dissected up a sufficient quantity of the tumor so that I could grasp it with my hands, I dragged and twisted it from its deep lodgment—that is, from the inside and beneath the ramus of the lower jaw—and loosened its connections, partly with the finger or the handle of the scalpel, and those structures which would not yield to this method I touched with the sharp edge of the knife, being careful to keep it turned inward toward the tumor. I thus escaped wounding the external carotid, the internal maxillary, and other arteries and structures which are so apt in an operation of this kind to be wounded, either to the injury of the patient or to the complication of the operation. Three small arterial branches were ligated, and the parts exposed to the influence of the cool air for about two hours. All danger of hemorrhage being over, the edges of the wound were brought in apposition by sutures, and a large, thick compress was applied on the parts operated. This was confined by a bandage.

Mrs. K. recovered speedily, and no serious consequences followed the operation. A slight numbness and inability to use the parts as freely as she was able to use them before the operation was the only inconvenience the patient complained of.

FERDINAND, IND.

Correspondence.

JAMAICA DOGWOOD IN NEURALGIA.

To the Editors of the Louisville Medical News:

At your request I give you my experience with Jamaica dogwood. I have used it in but two cases, both cranial neuralgia in nervous, delicate females, aged twenty-four and twenty-seven years. Both patients are subject to very obstinate attacks of neuralgia, for which I have frequently prescribed for some years. Miss B. was suffering several months ago with an attack more severe than usual, from which for days she got only partial relief, as she could not bear opium, and no sleep except from full doses of chloral and pot. bromide combined. A small bottle of the fluid extract of Jamaica dogwood was left in my office just at that time by the agent of Messrs. Parke, Davis & Co., and I determined to try it on this case. I took it to my patient next morning—she was still suffering—and gave her two drams, with the assurance it would relieve her, and directed her to take two drams more at night, and she would have a comfortable night's rest. When I called next day she said the pain ceased in about half an hour after she took the medicine, and she had slept better that night than she had for weeks. I saw nothing more of her, until two days ago I met her on the street. She said her neuralgia had not returned, that she had been perfectly well since I saw her, except an attack

of sick headache, to which she was subject; and that the medicine I had given relieved her neuralgia so quick she thought it would cure her head also, and took a dose (two drams). How did it act? I asked. "Well, I went right off to sleep, and did not awake until next morning, when I felt as fresh and comfortable as I ever did."

In the other case the same dose (two drams) was given, with the same result; the neuralgia ceased in about an hour, and she has had no return since, which in both cases is a longer interval free from neuralgia than they have had for years. M. FORD, M.D.

LOUISVILLE.

Reviews.

A Manual of Auscultation and Percussion; Embracing the Physical Diagnosis of Diseases of the Lungs and Heart and of Thoracic Aneurism. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College. Second edition, revised. Philadelphia: Henry C. Lea. 1880.

No better work on auscultation and percussion has been written in any language. Indeed, considering all its excellences, it is probably the best extant. Every physician not familiar with the subject and every student of medicine should study it.

American Health Primers. BRAIN-WORK AND OVERWORK. By Dr. H. C. WOOD, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, etc. Philadelphia: Prestley Blakiston, 1012 Walnut Street. 1880.

This primer is written in the author's usual happy style, and will be read with pleasure and profit by the laity as well as by doctors. These primers should have an immense sale.

Books and Pamphlets.

REPORT OF THE SPECIAL COMMITTEE OF THE COMMON COUNCIL OF THE CITY OF ALBANY UPON THE AFFAIRS OF THE ALBANY MEDICAL COLLEGE, AND THE REMOVAL OF DR. JOHN SWINBURNE.

THE BROMIDE OF ETHYL AS AN ANESTHETIC. By J. Marion Sims, M. D., LL. D. Read before the New York Academy of Medicine, March 18, 1880. With discussion on the same by Drs. Levis (Philadelphia), Squibb, Dalton, Post, Piffard, Little, Wylie, and Roberts (Philadelphia).

ON COCCYGODYNIA: A Lecture delivered in Chicago Medical College, March 20, 1880. By Edw. W. Jenks, M. D., LL. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology, Chicago Medical College; Fellow of the Obstetrical Society of London, of the American Gynecological Society, etc. Reprint from the Medical Record of April 17, 1880.

The able author of this lecture deems constitutional treatment and local applications of little worth in coccygodynia, and relies upon removal of more or less of the offending bone as the only probable source of relief.

THE TREATMENT OF PUERPERAL SEPTICEMIA BY INTRA-UTERINE INJECTIONS. By Edward W. Jenks, M. D., LL. D., Chicago, Ill.

The following are Prof. Jenks's conclusions:

1. In its wide-spreading relations to other causes of puerperal diseases, and of death, septicemia stands preëminent; for although puerperal diseases are designated by different names, many lesions of the circulatory, respiratory, and nervous systems are the direct or indirect results of blood-poisoning. Therefore it is obviously the plain duty of every obstetrician to prevent the absorption of any decomposing materials from the uterus.

2. The objections which have been made to intra-uterine injections in the treatment of non-puerperal uterine diseases are not applicable to their use for the prophylaxis or treatment of puerperal septicemia.

3. The number of deaths attributed to intra-uterine injections have in the majority of instances occurred when they were used for other purposes than washing out the puerperal uterus with antiseptic fluid.

4. When a death has taken place on account of washing out the uterine cavity after child-birth with a simple antiseptic wash, the fatal result has not been in consequence of the injection itself, but from the improper manner of giving it.

5. By the observance of proper precautions upon the part of obstetricians this mode of treatment is rendered harmless. To secure entire immunity from danger certain requisites are important, as follows: (*a*) The mouth and neck of the uterus should be well dilated and a free outlet insured for the injected fluid. (*b*) Air must not be admitted with the injection. (*c*) The fluid should be injected slowly and without much force. (*d*) The fluid used for injection ought not to be of a lower temperature than the normal temperature of the body. (*e*) Powerful astringents should under no circumstances be injected within the uterus, as they are liable to produce contraction of the os and cervix, and thus aid in forcing the injected fluid into the tubes or sinuses.

The administration of these injections ought never to be intrusted to a nurse or inexperienced assistant, but should invariably be given by the accoucheur himself, with as much carefulness and attention to every detail as he would exercise in the performance of a surgical operation.

7. Intra-uterine injections should be used invariably succeeding child-birth, if there exist any of the following conditions: (*a*) If there is premature cessation of the lochia with any constitutional disturbance. (*b*) If there exists a purulent or fetid uterine discharge. (*c*) Whenever there is any abnormality

of the lochia, or offensive uterine discharge attended by elevation of temperature, or increased frequency of pulse. (*d*) When there are good reasons for believing the uterus contains fragments of placenta, or is imperfectly contracted and contains clots or any animal substance.

8. Intra-uterine injections should be more generally used in the prophylaxis and treatment of puerperal diseases than has heretofore been customary, for the following reasons: (*a*) If properly administered to puerperal women they are devoid of danger and capable of accomplishing results for good which can not be attained by any other means. (*b*) There are no other modes of treatment or remedial agents which act as speedily in lowering the high temperature of puerperal septicemia, or accomplish better results in certain inflammatory conditions of the uterus peculiar to the puerperal state. (*c*) They are peculiarly serviceable in causing the expulsion of clots or fragments of placenta, and aid in a marked manner in facilitating the rapid involution of the uterus. (*d*) They have diminished in a remarkable manner the number of deaths which to all appearance were inevitable from puerperal poisoning, far surpassing in this particular any other known means of treatment.

Miscellany.

THE FRENCH MARGARINE BUTTER.—Extract from Medical Times and Gazette:

At a late meeting of the Paris Académie de Médecine (*Bulletin*, May 11th; *Gaz. des Hôp.*, May 13th) M. Riche read an important report proposed to be forwarded to the Minister of the Interior in reply to a question which he had addressed to the Academy regarding the substitution of margarine for butter in the Paris lunatic asylums. Complaints of this had reached the ear of the Minister, and upon inquiry of the asylum-managers he learned that the change had been made upon economical grounds, and he now sought the opinion of the Academy in a sanitary point of view. The committee to whom the subject was referred, and of which MM. Delpech and Riche were the most active members, undertook a thorough investigation, and found that the margarine was so distasteful to the patients and employes that its use had to be abandoned in the preparation of many dishes, and that it was now employed upon a comparatively smaller scale. But the inquiry widened, for it was found that this substance is manufactured on a large scale in Paris and its environs, so that more than fifteen thousand kilograms are fabricated daily, and the determination whether the product is a wholesome one is of very considerable importance, and one indeed that greatly concerns ourselves, who eventually become its chief consumers. "We have learned," the report states, "that the margarine made in France is employed directly only to a small extent, and that only by the cheap restaurants—not to be spread on bread, but for the preparation of ragoûts and spiced dishes. But the quantity so consumed represents only a very small proportion of the mass fabricated. The French margarine has two principal destinations; a very large proportion being expedited to Holland, whence it is afterward sent to the colonies and England, while a very considerable quantity leaves Paris for Normandy and Brittany, whence it returns baptized as butter from having been mixed with the butters of those provinces."

It seems that M. Mège-Mouries, well known for his improvements in the manufacture of bread, announced some years since the existence of a new alimentary product, which he proposed as an economical substitute for butter, under the name of margarine, oleomargarine, or margarine butter, and which consisted in the mixture of diluted milk with beef and other fat which had undergone an elaborate manipulation under high pressure and an elevated temperature. This was found to be unremunerative as a commercial product, and later manufacturers have added to the fat (itself not always of the purest quality) from ten to thirty per cent of a vegetable oil derived from the *Arachis hypogæa*, which being cheap, white, inodorous, and tasteless, effectually serves the purpose of adulteration. Still the taste of the product is much objected to in the asylums, and the following are the conclusions which the reporter after his complete investigation arrives at:

1. It results from the trials made at the asylums during three years, that the employes and many of the patients can not tolerate the substitution in the preparation of the principal articles of their food.

2. Some very sensitive and delicate patients are placed by it in highly unfavorable conditions as regards their alimentation and consequently in the maintenance of their health; and with regard to the others, it is a change of regimen (for in Paris butter enters so generally into cookery) which is always mischievous, especially in persons whose health is already deteriorated.

3. The margarine of Mège-Mouries is no longer an object of commerce, being too dear. That which is actually in use is an industrial product open to various frauds—vegetable oils are especially introduced; and

if it is easy to decide by chemical analysis whether a given product consists of butter or margarine, it is very difficult to affirm whether this margarine is pure or mixed with oils. As, on the one hand, daily experience shows that it requires a certain time for the stomach accustomed to cookery with fats to accustom itself to cookery with oil; so, on the other hand, the physiological trials made by M. Berthé lead to the conclusion that vegetable oils are of more difficult digestion than animal fats.

4. Fatty bodies are only absorbed when in a state of emulsion. M. Lailler's chemical experiments and the ordinary practice of cookery having shown that margarine forms an emulsion less easily than butter, and that the emulsion is less stable, the conclusion follows that margarine is under less favorable conditions for absorption than butter.

5. Your committee therefore recommends you to inform the Minister that you are of opinion that it is not desirable for margarine to continue to be substituted for butter in the asylums.

The foregoing conclusions were adopted unanimously.

NOTES OF CLINICAL PRACTICE.—The ultimate practical purpose of professional journalism is to give those engaged in the daily exercise of the calling represented information which shall be helpful in their labors, and therefore conducive to the public good. What can advantage this cause more than the prompt and rigidly-accurate noting of the facts observed, knowledge acquired, and experience gained in actual practice? If busy men will jot down the little points that strike them, in their own way, without waiting to elaborate formal papers, and send them direct to this office, we shall be happy to have them collated and presented in a form available for general information. The amount of clinical and pathological material wasted for want of this saving process must be very considerable. It is practically impossible for the great majority of practitioners to write lengthy reports of their cases. They have neither the leisure nor the inclination to do this. Nor are they always able to make the local societies the medium of communication with the profession, because the reading of a paper necessitates the trouble of first writing it and then of attending to submit it. There is not opportunity for this performance, and many men shrink from it. Letter-writing is only less troublesome. Our suggestion is that practitioners should simply jot down a note of their observation in any rough fashion that occurs to them, and forward it duly attested. What more may be necessary we will do, in the hope of rescuing a large mass of valuable material from loss, and securing for patient and persevering observers the professional publicity to which their labors justly entitle them.—*Lancet.*

[We hope our readers will act upon this for the benefit of the NEWS.]

CLOVER TEA FOR CANCER.—At the request of a noble woman, who for years has suffered the agonies of cancer, and who has derived, in her opinion and in that of her physician, great benefit from clover tea, we call the attention of our readers to the remedy. She says: "The clover tea has done wonders for me. My appetite is now good, my general health is greatly improved, and the wound is healing. For seven months I have had to take morphia, and its unpleasant effects had become great. My pain having so much diminished under the use of the clover tea, and my general condition having gotten so much better, I determined to give up the morphia, and for four nights have gotten on comfortably without it. If my experience will save one poor suffering fellow-creature a single pang such as I have suffered, I will thankfully bear my cross and rejoice that through me a remedy has been found which will give relief, if not a cure for cancer. The clover tea should be made as tea is made for table use; strained and taken before meals and at bedtime, about a quart daily." The blossoms of the red clover should be used. A fluid extract has been made, of which the dose is a tablespoonful thrice daily.

This remedy is not new. We first heard of it as coming from France. Chian turpentine is the latest remedy recommended for cancer. Arsenic we have seen do marvelous good in cancer, and we almost believe it may prove a cure for the dread disease. Tonics and constructives should be used in conjunction with the arsenic. The arsenic treatment is not new.

CRIMINAL USE OF CHLOROFORM.—Dr. J. V. Quimby, of Jersey City, stated to the American Medical Association that he had proved in three cases that a sleeping person could be chloroformed without disturbing him, and that he would sleep some time after its administration.

SCIENCE AND RELIGION.—A Paris correspondent of the London Times states that in the latter part of March, when an immense tract of ice in the Loire threatened a destructive inundation in the event of a thaw, the curé of Saumur, at the instigation of his bishop, applied to the mayor for permission to try the effect of a religious procession from one of the churches of that town to the other. In this case the danger of the situation had been duly appreciated by the government of France, and the best engineering ability of the country engaged to ward off the impending disaster. So the mayor reminded the curé that such processions as he proposed were contrary to law, adding that his (the mayor's) fellow-citizens would be obliged to him for "leaving science alone to seek means of defending them against the peril threatening but already partially warded off by it." The curé retorted by inviting his flock to supplications within the church, so that they should "not leave to science alone the task of saving us, but enlighten and inspire it, and directly intervene in the possible event of savants and strong men suddenly coming to the end of their science."—*Boston Jour. of Chem.*

REST AND REPAIR.—It may be safely assumed that those have been mistaken who supposed that physiological rest consists in inaction, and that repair goes on during quiescence (Lancet). Nutrition, and therefore repair, is the concomitant of exercise. Appetite is one thing, the power to digest food another. A man may feel ravenous, and consume large quantities of material containing the elements of nutriment, but be unable to appropriate the supply furnished, or, in other words, to nourish himself. It is so with rest. Mere inaction may be secured without *rest*, and idleness without the restoration of energy. The faculty of recovery and recuperation after exercise is in direct proportion to the vitality of the organ rested. This faculty is not to be called into action by inactivity. It follows that relief and recovery from the effects of what is improperly called "overwork" can not be obtained by simply "going away for change" or by indulgence in idleness. A new form of exercise is necessary, and the mode of action chosen must be one that supplies moderate exercise to the very part of the system which it is required to "rest" and restore! Health-seekers often err in trying to recover their powers by simple diversion of energy. It is a popular error to suppose that when the brain is overworked the muscular system should be exercised by way of counteraction. The part itself must be worked so as to stimulate the faculty of nutrition, but it should be set to fresh work, which will incite the same powers to act in a new direction.

A PESSARY TWENTY-FIVE YEARS IN THE VAGINA.—Dr. J. H. Danaher writes, in the British Med. Journal: A few days ago I removed from a woman, aged seventy-four, a wax pessary, which, according to her own statement, had been placed there twenty-five years ago by a midwife for some uterine displacement. It was well imbedded in the tissues, and had nearly penetrated into the gut. It never caused her any inconvenience until lately she suffered from severe constipation of the bowels, and complained of a burning sensation in the vagina. The pessary was very irregular in shape, soft in structure, and was incrusted with a calcareous deposit.

THE AMERICAN MEDICAL ASSOCIATION.—The actual work of the association was much below the usual standard. The various addresses delivered by the chairmen of the sections fell far short of what they should have been. Instead of giving a comprehensive review of the progress made in the different departments of medicine during the past year, the orators contented themselves by treating of one or two subjects merely. The only real merit of these addresses was their comparative brevity. The papers before the various sections were, with a few notable exceptions, much below the par of usual society material. The redeeming features of their presentation were the discussions which they invited.—*Medical Record.*

DITTMAR POWDER DANGEROUS.—The Forest and Stream of the 10th inst. contains a graphic account of the explosion of a shotgun loaded with this powder, in the hands of Mr. S. P. Nash, of Philadelphia, Mississippi. Mr. Nash himself writes the narrative, in the hope of saving other sportsmen from similar disaster. His gun was torn to pieces, his entire left thumb was blown away, and his injuries are such that he fears he is maimed for life. He used brand F.F.F., three drams by measure. The Dittmar powder is sawdust colored, and makes almost no smoke, it is said. For the benefit of our sportsmen readers we call attention to Mr. Nash's misfortune.

SPECIALISM.—Dr. Pye-Smith says, in his Hunterian oration: I will only say that the almost unanimous opinion of us, who can judge—whatever may be that of the public, who can not—is that such specialization ought to be jealously watched, since it may easily lead to results injurious alike to the character of the profession, the character of the specialist, and the welfare of the patient. The only really satisfactory kind of specialism is where a broadly and deeply educated man adds to his knowledge of the profession as a whole special proficiency in all its branches. We can not all hope to attain such excellence; but I need not go beyond our own society for a striking example of one who [Jonathan Hutchinson], besides the highest qualifications of a pathologist and a surgeon, has better acquaintance with cutaneous diseases than professed dermatologists, better ophthalmic skill than most oculists, and sounder knowledge of syphilis than those who "devote themselves" to this single disease.

COLOR-BLINDNESS.—Dr. B. Joy Jeffries, of Boston, says that in examinations of thirteen thousand persons about four per cent of males and only thirteen females were found color-blind in this number.

Selections.

Sunstroke as I Have Seen it in India.—Surgeon-Major William Curran, in Medical Press and Circular:

Heat is not of itself alone, as daily experience proves, necessarily injurious to health in the tropics or out of them. On the contrary, its first perceptible effect is a slight increase of temperature, some exhilaration of spirits, and simultaneously an increased activity of all the vital functions, and those Europeans who take the necessary precautions may often encounter an amount or degree of it with impunity which would certainly prove fatal to their less-favored or more incautious comrades. The Greeks walked bare-headed of old, as do the Russians of the present day, without injury, under a temperature that would at once strike down a more plethoric or less-seasoned Britisher, and the rays of the sun are occasionally as hot at Halifax as they are at Hansi or Hissar. A certain amount of heat is notoriously preservative of life in many chronic diseases, and fair health has even been enjoyed under such an accumulation of it as dissolved iron screws and the horn handles of scientific instruments, as reduced flour and other provisions tenfold, arrested the growth of hair and made the finger-nails as brittle as glass. Solar heat has lately been made to take the place of fuel, and Lithgow, the traveler, "saw smiths work out of cold iron horse-shoes and nails, which is only mollified by the vigorous heat and rays of the sun and the hard hammering of hands upon the anvil." But we need not dwell upon this phase of the question, and tales were formerly told, aye and believed too, about heat in the east which would now be scouted out of court without even the courtesy of hearing. The strange thing, however, is that though there are many countries on our globe in which the heat is often as great or greater than it is in India, yet sunstroke is nowhere else so fatal or common as it is in Hindostan, and for this no adequate explanation has yet, so far as I know, been offered. This remark applies with equal force to such remote or dissimilar countries as Thibet and Senegal, Gaudaloupe and Persia, California and Ceylon, Central America and the jungles of Afghanistan. Algeria, though in the same latitude as Upper India, may be said to be protected by its proximity to the sea, as is also the hotter coast of Guinea, but New York is equally favored in that respect, and yet we do occasionally hear of outbreaks of this disease in it that are unknown in Naples.

Again, "sunstroke is confessedly rare in Ladak," where, according to Cunningham, "the solar rays are more powerful at a height of 15,000 feet than in the low-lying plains of India. At Gwalior," he continues, "the greatest heat of the sun's rays in the hot winds of 1850 was 133°; at Simla, 7,500 feet, it was 134°; but in Rukchu, 15,500 feet, Trebeck observed a solar heat of 144°, and in the same district measured the incredible rise of 158°, which is 27° below the boiling-point of water in that district." How to account for these discrepancies is not easy, and the experiments of Tyndal or those mentioned by Watson are too limited to admit of any large deduction being based on them. More to the point is Brodie's destruction, by mere heat, of a rabbit; but even this will scarcely avail toward a solution of our difficulty, so different is the constitution or so great is the physical disparity between a human being and a small herbivorous animal, and engineers and others have, it is well known, to stand for hours together before the engine fires of their steamers, not only with impunity, but without much distress, at sea, when the glass stands at 164° or more. From this it will appear that heat will, *per se*, scarcely cause sunstroke. There must be something else in the background besides the heat, and what this is we must try to find out as we advance.

Before entering, however, into particulars, some speculation may be indulged in respecting those great situations or conditions that largely modify the force of solar heat, and we may specially inquire, in this connection, into the effects which mountains, seas, and deserts exercise upon it. To one who, like myself, has so often and so beneficially enjoyed a change from the sweltering plains of India to the cooler shade or more bracing breezes of the Himalayas there can be no doubt as to the salutary influence of elevation on temperature, and this is so sensible as to admit of being calculated like any other object. The sensation experienced by the weary traveler on ascending one of these splendid ranges is one of buoyancy, exhilaration, and enjoyment, and this feeling is soon enhanced by the variety of the scenery, the gladdening sight of a clear, unclouded sky, and the tempting novelty of the vegetation and foliage. The result is, as we might naturally expect, some increase of nervous sensibility, with probably a diminishing circulatory force and a general impression of lightness, elasticity, and self-satisfaction. Mentally contrasting my feelings in the hills with the like sen-

sations in the plains, I have often cried aloud with Jacopo Foscari:

> Thy very winds feel native to my veins,
> And cool them into calmness! How unlike
> The hot gales of the horrid Cyclades,
> Which howled about my Candiote dungeon, and
> Made my heart sick!

But considering the tremendous force with which the "orb of day" sheds her rays, as well as the uniformity with which she diffuses her heat over the earth's surface, it seems hard to conceive how a few thousand feet one way or the other can so modify the situation as to divest her of much of her virulence without at the same time depriving her of any of her original powers. And yet this is exactly what takes place, while the immunity from sunstroke enjoyed by large mountain ranges is proverbial. We have already seen that the sun's rays are more powerful in Ladak and Rukchu, at a height of 15,000 to 15,500 feet, than they are at Agra or Gwalior. The air on high mountains may, according to a high authority on the subject of heat, be intensely cold while a burning sun is overhead, and even new-fallen snow is frequently incapable of diminishing this intensity. Yet there are probably as many or more cases of sunstroke any one season at either of the latter as there are in a decade in both the former, and it is as rare at Simla or Murree in the Himalayas as it is at Quito or Cotopaxi on the Andes. The reasons are probably the same in both cases, namely, the greater diffusion and purity of the mountain article as compared with the plain one, and the radiation from the earth exceeds that from the air on mountains through the condensing power they possess in virtue of their own masses. Mountains "act also," as Tyndal adds, "as condensers, by the deflection upward of moist winds and the consequent expansion of the air that is on them, and the chilling thus produced is the same as that which accompanies the direct ascent of a column of warm air into the atmosphere. Moreover, the air thus elevated parts with its heat, this heat imparts moisture to the surrounding air, and the latter, rendered thereby more radiant, passes through the low-lying aqueous basins, and finally pours its heat into space, where it becomes condensed." However this may be—and our concern is clearly more with the reality than with its explanation or *rationale*—there is no doubt as to the greater permanency of purity of hill as compared with plain air, and it is also, or proportionately, less susceptible of solar or telluric emanations. Thus rarely becoming heated to excess itself, it does not reduce the strength of the system or render it incapable of resisting the depressing influences with which the more stationary atmosphere below is so largely charged, and this is perhaps as much as we need say on the point in this place.

On Ethidene-Dichloride.—Extract from a lecture by J. T. Clover, F. R. C. S., in British Medical Journal:

Since the beginning of last year, when attention was drawn to this substance by the investigations of the Glasgow Anesthetics Committee of the British Medical Association, published in the British Medical Journal, I have made use of it in hospital and private practice in almost every case requiring longer anesthesia than that of nitrous oxide gas. I have for some time been intending to publish my experience with it, and will delay no longer, as the advantages of using it are very evident, and it is right that its objectionable properties should not be concealed or too lightly treated, especially now that the warmer weather will increase the potency of all anesthetics of this kind.

Ethidene-dichloride (CH_3, $CHCl_2$), as it is now found in the market, has not an uniform boiling-point. It can be divided by fractional distillation into two or more substances. That which I have lately been using has a specific gravity of 1.225, boils at 115°, the temperature rising to 140°, at which it boils steadily and is nearly all dissipated. I am told that there are greater difficulties in the way of procuring the dichloride now than last year in consequence of the waste products in the manufacture of chloral, from which it was made, having been used up. At all events the price has more than doubled within a year, and some of the samples I have examined have had a disagreeable after-odor. Hitherto it has nearly all been imported from Germany, but some of our English chemists are trying to make a purer drug, and I hope they will succeed.

Ethidene-dichloride mixes freely with alcohol, but only slightly with water—enough to flavor it only—but less than chloroform, which it resembles in taste and smell. It is less inflammable than alcohol. A piece of paper saturated with it does not readily take fire, but air passed through the liquid takes up a vapor which makes it burn at a jet like coal-gas.

The total number of cases in which I have administered it is *one thousand eight hundred and seventy-seven.* Of these, two hundred and eighty-seven have been major operations in surgery, including: Amputaton of breast, seventeen; excision of tongue, seven; excision of rectum, four; lithotomy, 7; lithotrity, eighty-three; stricture, six; excision of eye, eight; cataract, fifteen; iridectomy, fourteen; squint, twenty-three; excision of tumors, twenty-seven; excision of jaw, seven; fissure of palate, five; hemorrhoids, forty-four; fistula, sixteen; colotomy, four.

The remaining one thousand five hundred and sixty-five cases were of minor surgery, and the extraction of several or of difficult teeth, and these latter cases have put to the test the qualities of the drug, inasmuch as one administers at a disadvantage.

The table shows an experience sufficiently large to form a judgment of its use. Although, so far, my experience has been without a fatal case, I have sometimes noticed a depression of the pulse which has alarmed me, and I will to-day relate a case in which, during a struggle at the commencement of inhaling ethidene without nitrous oxide, the patient's heart suddenly failed and he died. Although the disease of the heart was found sufficient to account for death, it was connected with ethidene, and its reputation for safety will suffer.

My usual plan of giving it is by first getting the patient nearly unconscious by means of nitrous oxide gas, and then gradually adding the vapor of ethidene. The general features of an administration are that the patient falls asleep without moving a limb; a little convulsive twitching is seen, and then stertorous breathing; the pupils at first dilate, about the same time that the stertor commences; a very little air is now given at every third or fourth respiration, and the pupil contracts. The quantity of ethidene is regulated according to the condition of the pupil or the unsteadiness of the patient, the pulse usually remaining much less affected than when the same narcosis is produced by chloroform. The anesthesia usually continues some time after consciousness returns, and the patient awakes almost as from natural sleep, speaking clearly. The dreams are usually pleasant,

often of rapid traveling or of music, and if one whistle or sing it often guides the dream in this direction. The patient, within two minutes of being in the most profound sleep, if it has lasted only a short time, will get up and walk steadily. The non-interference with muscular co-ordination is equally striking in the act of talking. Vomiting has occurred in about one third of the cases of major surgery and in about one twentieth of the minor cases. It is more likely to occur if the vapor has been strong enough to excite swallowing. Without exception, the vomiting has ceased sooner than it usually does after chloroform.

Tooth-caries of Pregnancy—Its Cause and Treatment.— Extract from a paper by Edward C. Kirk, D. D. S., in Philadelphia Medical Times:

It is well known that during pregnancy women are often subject to annoyance and discomfort from their teeth. This may vary in degree, from a slight uneasiness, a mere consciousness of the presence of her teeth to the severest form of odontalgia. The frequent occurrence of rapid and extensive destruction of tooth-structure during pregnancy is so well recognized that it would be useless to multiply examples.

In cases where women have borne children rapidly it is the common story that up to the time of marriage the teeth were of good quality and gave but little trouble, but since have rapidly failed.

As to the cause of this degeneration of tooth-structure during pregnancy, there is little reason to doubt the accepted explanation that an excessive demand is made upon the system of the mother for the lime-salts necessary to the formation of the osseous structures of the fetus, and the teeth of the mother suffer, along with her osseous system, in meeting this demand when the supply of lime-salts is not sufficiently kept up in the mother's food.

We believe that much can be done to avert this wholesale destruction of the teeth, the loss of which details so much disfigurement and physical suffering. If the cause be as stated, then to supply food rich in lime combinations is the rational indication. But most of the food brought to our tables is not rich in bone-forming material, and it may be that even a liberal supply of lime-containing food would not meet the urgent demands made during pregnancy upon a system already poor in lime-salts. Certainly the judicious use of some of the soluble preparations of lime, such as the lactophosphate or hypophosphite, would be of benefit in such a case, not only in maintaining the lime-standard of the mother, but also in insuring to the fetus a well-developed osseous and dental organization. We have every reason to believe that rickets is due to lime-starvation upon the part of the mother and child; and evidence is not wanting to show that certain malformations of the jaws, and consequent irregularities of the teeth, are in a measure due to the lack of sufficient bone-forming material during fetal development.

A fact in this connection which I have had occasion to observe more than once is that in a large number of pregnant woman the morbid craving, so called, for unusual articles of food—which is so often present, and may occasion great annoyance to both patient and physician—is for articles of a mineral character, such as chalk, slate-pencils, lime, plaster, whiting, etc.

It seems reasonable to believe that this craving is nature's method of expressing the need for lime when from pregnancy or other causes the supply is not equal to the demand, and the system is poor in lime as a consequence. I say from other causes, for what else is it that will make a rapidly-growing, overworked school-girl chew her slate-pencils and lead-pencils with such apparent relish?

If this be true, then the supplying to the system all the lime it needs, either by properly-selected food or by the administration of a sufficient quantity of some soluble preparation of lime, ought to do much toward averting the destruction of the teeth by caries during pregnancy, and relieve the distressing cravings for unusual kinds of food. As having bearing on the subject, and showing that an increased quantity of lime is demanded by the system during pregnancy, I may cite the fondness which birds and fowls generally have for lime, oyster-shells, plaster, etc. during the egg-laying period. Another point which I have noted is that this fondness for lime is displayed on the part of the female more than on that of the male. Hens will quarrel for the possession of an empty egg-shell, and the cock will look on without interest while they devour it greedily.

The Treatment of Progressive Myopia.—At a recent meeting of the Surgical Society of Paris (*Le Practicien*) Dr. Abadie read a memoir on partial tenotomy of the ocular muscles as a preventive of development of progressive myopia. Resting on the works of Emmert, of Zurich, and the attempts of Græfe, he attributes posterior staphyloma to the pressure exercised by the external rectus on the optic nerve during converging movement. When the internal recti are insufficient to maintain the convergence and there supervene the symptoms of vascular asthenopia, Dr. Abadie weakens the external recti by partially dividing their tendon. The operation, which is very easy, is the same as for ordinary strabismus, except that some median tendinous fibers are spared, which oppose the retraction of the muscle. This is therefore weakened without being displaced, precisely the end desired to be attained. This method of treatment has given good results when the use of prismatic glasses had completely failed. It may also be employed in cases where, as the result of incomplete paralysis of one of the muscles of the eye, there exists a troublesome diplopia without true strabismus. —*Med. Press and Circular.*

Congenital Variola.—Professor Depaul related the following case at the Académie de Médecine: A woman gave birth, on April 30th, to a dead and macerated infant at between the sixth and seventh month. At the end of January she had an attack of non-confluent smallpox, from which she had completely recovered by February 15th. On examination smallpox pustules were distinctly recognizable on the body of the infant in spite of its state of maceration. About eighty of these were counted on the chest, neck, back, and limbs. The placenta was carefully examined and presented a great number of points of fatty degeneration, so that it could not be positively affirmed whether the child died in consequence of the variola or of disease of the placenta. M. Blot referred to a case in which the mother served as a vehicle for the variolic virus without herself becoming attacked. When five months advanced in pregnancy she had been to see a friend who was suffering from smallpox. Some days afterward she had a miscarriage, the fetus being covered with smallpox pustules, while the mother exhibited no signs of the disease.—*Bulletin de l'Acad. de Méd.*

A Case of Acute Phthisis from Direct Contagion in a Dog.—D. H. Cullimore, M. K. Q. C. P., in British Medical Journal:

Having read with great interest the remarks on Tuberculosis as a Contagious Disease in the Journal of May 8th, I send the following case, which contains many points bearing on this subject:

About six years ago, when I was acting as Residency Surgeon at Mandalay, a Bengalee servant suffering from advanced pulmonary consumption, with copious expectoration, came under my notice. One of my dogs—a pariah—developing his natural talents as a scavenger, was, as I afterward learned, in the habit of frequently visiting the house of the sick man and lapping up the expectorated matter. How long this had been going on I can not with certainty say, but a few days after the death of the man the dog appeared out of sorts, refused his food, rapidly emaciated, had a cough, which increased quickly in severity, and was attended later on with a tenacious and glairy discharge from the mouth and nose. The stethoscope detected moist *râles* with rhonchus and sibilus over a greater part of the chest. These symptoms continued to grow worse for a week or ten days, when convulsive fits of about five minutes' duration and occurring several times in the course of the day made their appearance. These fits were of an epileptiform or tetanic character. The poor animal moaned a good deal and appeared in great pain, as he lay on his back reeling and kicking about. On the second day from the commencement of the fits, and about the twelfth day from the beginning of the disease, there being but little hope of recovery, a large dose of prussic acid was given, which speedily proved fatal.

The post-mortem inspection was limited to the contents of the skull and chest, as these were the parts supposed to be more prominently diseased, and in both were found lesions to account for the symptoms during life and their probable cause. Both pleuræ were adherent, the adhesions being recent, and the lungs were studded with softened patches in varying stages of caseous degeneration, many of them containing muco-purulent matter, with which the minute and larger bronchi were also clogged. I did not notice the state of the bronchial glands. The brain did not show much sign of disease, and nothing similar to what existed in the lung. The membranes appeared thickened and congested, and on cutting them a good deal of serum exuded. There were no tubercular or cheesy deposits. The whole mass was uniform and appeared softish, but I had no previous experience of the canine brain, and can not speak with certainty.

Remarks.—This case shows that the lung of the dog is rapidly susceptible to the influence of the *materies morbi* of tubercular lung-disease, even when introduced into the system *viâ* the stomach, which, according to von Cohnheim, is the slowest and least effectual mode of introduction, and it is the more worthy of notice as he also states that dogs show little susceptibility, while rabbits and guinea-pigs have it in a remarkable degree. As European dogs are liable to degenerate in the tropics and become an easy prey to disease, I may say that this dog was a native, had previously enjoyed good health, and as the weather was not cold I have no reason to believe that this acute affection was due to any other cause than contagion, the tubercular virus being fresh, and therefore in the state of greatest activity or supposed vitality. I regret that I failed to examine the contents of the abdominal cavity, as it would have helped to elucidate the order of organs attacked. The rapid emaciation is suggestive of mesenteric deposit and disease of the abdominal glands, and that such disease, if not of an earlier date, as the experiments of Cohnheim would lead us to believe, was at all events cotemporaneous with that of the lung and pleura, and that both were long antecedent to lesion of the brain.

I am myself inclined to think that if the lungs were not the organs to suffer first, they were, judging from the extent of the disease, at all events the organs to suffer very early and most severely, which may be due to the greater facility for arrest and exposure which the anatomical formation of their capillaries affords. Be this as it may, this case is somewhat exceptional from the shortness of the stage of incubation, the comparative less susceptibility of the animal infected, the mode of introduction, and the rapidity of the disease set up, with the probable sequence of the parts attacked, all of which must be set down to the somewhat prolonged introduction of fresh tubercular poison from the lungs of a person in the last and presumedly most contagious period of phthisis. As it is open to say that the virus may also have been inhaled, I do not think this could have been so to an extent sufficient to account for the early severity of the lung-affection, for the other members of the family escaped *in toto*, and every body knows that people are exposed to such risks every day without any immediate injurious results.

The New Cottage Hospital at Bourton.—The Committee of the Bourton-on-the-Water Cottage Hospital may fairly be congratulated upon the result of their exertions on behalf of this small but useful institution. (Med. Times and Gaz.) Their annual report for the year 1879 explains that the former institution, the old Bourton-on-the-Water and Cotswold Village Hospital, which was established in 1861, came to an end on September 29th last, and on that day the new hospital, built by voluntary contributions on a site presented by a local supporter, was opened for public use. About £1,000 has been expended in the erection of the new building, and the whole of this sum has been collected with the exception of about £160. During the past year thirty-nine patients were admitted for treatment by Mr. John Moore and Mr. Alfred Burt, the medical officers of the institution, the average daily number of beds occupied being five. The report concludes with an appeal for increased assistance to promote the usefulness of the new building.

Rupture of Heart from External Violence, without Penetrating Wound.—Henry Handford, M. B., in British Medical Journal:

On Saturday, November 1st, a man, A. B., aged about thirty-five, was brought to the General Hospital, Nottingham. A wheel of a light cart (empty) had passed over his chest. According to the statements of the men who witnessed the accident he never spoke or moved after the receipt of the injury, but continued to make a moaning noise for a few minutes. When he was brought to the hospital about ten minutes later he was quite dead.

Post-mortem Examination Forty Hours After Death.—The body was well nourished; height about five feet eight inches; muscular. Rigor mortis was very strongly marked. There was an incised wound about an inch long on the back of the head, and nu-

merous syphilitic sores and scars on the penis, scrotum, and thighs. (He had been an in-patient of the hospital some months previously for syphilis.) *There was no trace of any wound or contusion on the chest, nor were any of the ribs broken.* On examination of the thorax, the pericardium was found much distended, and on opening it about eight or ten ounces of serum and imperfectly coagulated blood escaped. While examining the heart *in situ* a rupture about three fourths of an inch long was discovered on the posterior wall of the left auricle. The aorta was distinctly atheromatous, and there was thickening of the mitral and less so of the aortic and tricuspid valves. The endocardium lining the left auricle was markedly thickened in irregular patches and of an opaque yellowish color. The muscular fibers of the left auricle, taken from the immediate neighborhood of the rupture, showed under the microscope well-marked pigmentary degeneration—that is, an accumulation of pigment-granules arranged more or less in rows in the region of the nucleus, but no distinct trace of fatty degeneration, though the fibers were not well striated. The weight of the heart was eleven ounces and three quarters. The lungs were engorged. The spleen was soft and large, and weighed eight ounces. The other organs were healthy. On examining the brain a patch of yellow softening was discovered at the apex of the tempro-sphenoidal lobe. The contents showed, under the microscope, numerous oil-globules, compound granular corpuscles, and a quantity of amorphous granular pigment.

Remarks.—Wounds of the heart arising from any cause are not common, but of all injuries, rupture from mechanical violence is the least common, as may be seen from the table given by Herr George Fischer (*Archiv für Klinische Chirurgie*), in which, out of 452 cases there were wounds from pointed instruments, 44; from pointed and cutting instruments, 260; from firearms, 72; *injuries from crushing*, 7; (spontaneous?) rupture, 69.

Oleate of Lead in Eczema.—James Sawyer, M. D., writes in the British Medical Journal: After I had used for several months, both in hospital and in private practice, the ointment of oleate of zinc (for which the profession is indebted to Dr. Crocker, and which is certainly one of the best local remedies for eczema), I expressed my testimony in its favor in the issue of this journal for April 19, 1879. Thinking an oleate with lead for the base instead of zinc would be likely to prove a serviceable alternative application in eczema, especially when the soothing effects of lead might be desired, I asked Messrs. Southall, of Birmingham, to make for me an ointment of oleate of lead. After a series of experiments they produced an excellent preparation according to the following formula: Lead oleate, 24 parts; heavy and inodorous paraffin oil, 14 parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead. After using it for many months I can recommend this ointment as a very efficient local remedy in eczema.

The Treatment of Ranula.—Dr. C. Lovegrove (British Med. Journal) has found the following plan most efficacious: Pass a tenaculum through the base of the tumor and draw the part somewhat forward. After withdrawing the thicker part of the tenaculum a little, pass a plain gold ring, such as is used when the ears are first pierced, by the side of the tenaculum, through both holes, then clasp it securely, and leave *in situ* for three or four weeks, then remove. A permanent exit for the mucus, etc. will then remain and all trouble cease.

J. E. G. has found the following plan very successful: Thread an ordinary curved needle with common silk suture; make a double thread; pass the needle through the cyst, tie the thread sufficiently short, so that the loop lies within the teeth and will not be bitten through when eating; move the thread to and fro every other day. If this be kept in for about a week the cyst will have evacuated itself by means of this small seton. When the patient says that it no longer discharges remove the thread (seton) and let it granulate up. The last case he treated in this way (about six months ago) is still quite free from the ranula. Since that case he had another ranula in an old woman about seventy. It involved the whole extent of her teethless lower jaw, and pushed her tongue up against the roof of her mouth. She could not speak nor swallow. The treatment adopted in this case was to make several punctures, at least half a dozen, through the cyst with a sharp-pointed bistoury. He gave a concentrated solution of chlorate of potash as a lotion to wash the mouth with, and also gave her a mixture of chlorate of potash. This case is still relieved by the above treatment.

Dr. C. D. F. Phillips recommends gradual dilatation of the salivary duct by laminaria tents. After incising and clearing out the ranula, the duct should be sought for and a piece of laminaria (which may require to be as fine as a needle and should be very smooth) be inserted as far as possible, and left in for one or two hours every morning and evening. The size of the tent should be increased, but very gradually, so as to avoid over-much irritation. The patient himself can learn to pass it after a little instruction, and cure should result in two or three weeks. In some cases it may be necessary to leave in the tent longer, and then a perforated one should be used. Some years ago Dr. Phillips came across several cases in which the duct, as well as the ranula, had been cut away, and much suffering and serious swelling of the gland had resulted. These cases were cured by simple incision and keeping open the artificial duct by laminaria.

Mr. W. J. Tivy suggests the use of a seton composed of three or four threads of coarse ligature silk, which he has found invariably successful.

Tight Lacing.—I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation and dyspnea, not due to anemia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition by anemia, the obese tendency commonly both adds to the compression and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions. —*Dyce Duckworth, M. D., in the Practitioner.*

Duboisia.—The new Mydriatic—Atropine is Dying, Atropine is Dead.—M. Galezowski lately presented to the Society of Biology a new mydriatic derived from an Australian plant, which belongs to the family of scrophulariaciæ. It is called duboisia myoporoida.